

Gynaecology Department
Dumfries and Galloway Royal Infirmary
Garrick Loaning
Cargenbridge
Dumfries
DG2 8RX
Date: <Date>



PERSONAL

<Name>
<Address>
<Address>
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Dear

We have received a referral through to the gynaecology clinic to have a discussion regarding vaginal prolapse. As you will be aware we are having to prioritise our services due to the outbreak of Coronavirus (COVID-19) and, as a result, this will significantly impact on our elective outpatient services. We cannot advise at this stage when our normal services will resume and, in the meantime, would wish to take this opportunity to provide you with the following advice.

A vaginal prolapse is due to weakness in the pelvic floor muscles and ligaments, allowing the pelvic organs (bladder, rectum, womb) to bulge into the vagina from their normal position. It is therefore important to try and take measures to improve the strength of the pelvic floor muscles. The most effective way to do this is with physiotherapy, and women tend to see better results if these are directed by a physiotherapist as opposed to self-direction. As such our first line recommendation remains referral to see a physiotherapist. At present, with coronavirus and the suspension of routine clinical activity, there is likely to be a delay in physiotherapy appointments. In the interim, we have enclosed some information sheets provided by our physiotherapy team.

Vaginal prolapse will be affected by many of our lifestyle factors, some of which may or may not apply to yourself. These include chronic cough, smoking, being overweight, being constipated, heavy lifting, or high impact exercises such as trampolining. It is important, that these factors are addressed alongside your pelvic floor physiotherapy.

In women who have gone through the menopause, it may also be appropriate to use a vaginal estrogen tablet or cream. These can help to make the vaginal skin stronger and healthier, but can also have a positive effect on the bladder, especially if women are experiencing symptoms of urgently needing to empty their bladder. Following discussion and examination, this could be prescribed by your GP if appropriate.

As a non-surgical treatment, we may suggest using a vaginal pessary. A pessary is a plastic or silicone support that sits within the vagina. It helps to hold the pelvic organs in place and stop them bulging through into the vagina. They come in a variety of shapes and sizes, and it is often trial and error to find the correct fit for each individual women. They tend not to cause problems, but some women may experience some bleeding or discharge if the pessary is irritating the vaginal skin. This is less likely to happen if women are also using vaginal estrogen. Some GP practice may be able to fit a pessary for you.

Traditionally, a lot of surgery has been carried out for prolapse. It is recognised that prolapse is not a life-threatening condition, but it may affect the quality of your life. However, some surgical treatments have recently drawn attention to potential complications of surgery, which may have more impact on quality of life. As such, there is much stronger guidance from national bodies, that we should only be considering a surgical approach in patients where the non-surgical treatments have not improved symptoms. Unfortunately, 25-30% of women undergoing surgery for prolapse will develop another prolapse in the future, which may be from the same area or a different part of the vagina. There is a higher chance of prolapse returning in women who are overweight, constipated, have a chronic cough, smoke or undertake heavy lifting. This is also why it is very important to resolve these issues prior to any form of surgery being considered.

Should you have any symptoms of concern (high temperature, cough), during office hours you should contact your GP Practice by telephone; out with hours you should contact NHS 24 on telephone number 111. Please do not present to your GP Practice or A&E unless you are told to do so.

Yours sincerely

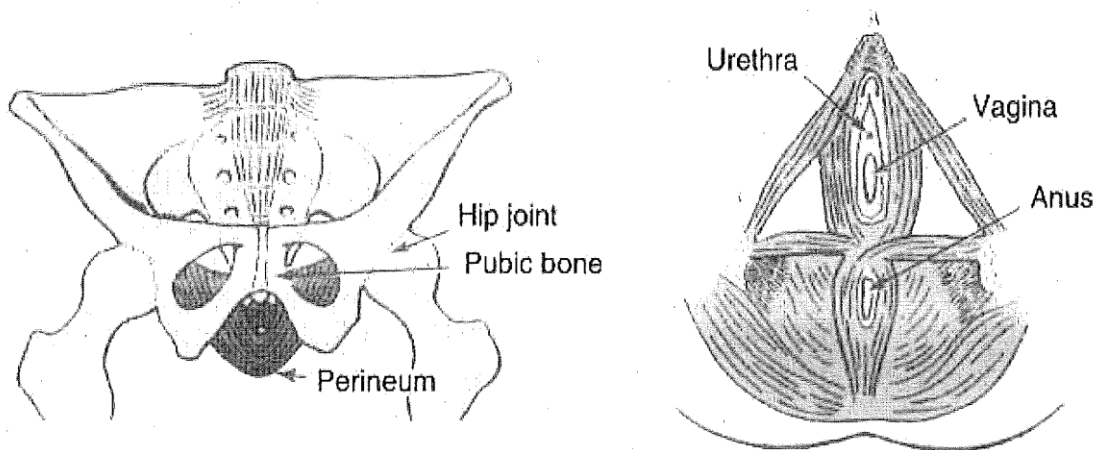
Dr Phillip Dutton
Consultant Obstetrician & Gynaecologist
Dumfries and Galloway Royal Infirmary

Pelvic Floor Muscle Exercises for Women – patient information sheet

The aim of this leaflet is to give you some understanding your pelvic floor and how that causes problems with your bladder and / or bowels. It explains how to exercise them to regain their strength and advice to reduce your symptoms. It is not a substitute for professional healthcare advice and should be used along with information you may be given by your doctor or other healthcare practitioner.

The pelvic floor muscles

The pelvic floor muscles are attached like a hammock or sling between the pelvic bones. They are attached to the pubic bone at the front and the base of the spine (coccyx) at the back.



What does the pelvic floor do?

Strong healthy pelvic floor muscles provide support for the pelvic contents, help in the ability to control the bladder and bowels and also increase pleasure during sexual activity.

In women the pelvic floor muscles may become weakened in many ways for example:

- ❖ Being pregnant
- ❖ After childbirth (especially after difficult vaginal deliveries)
- ❖ Continual straining to empty the bowels
- ❖ Repeated heavy lifting
- ❖ Menopausal changes
- ❖ Being overweight
- ❖ A chronic cough
- ❖ Lack of general fitness
- ❖ Long periods of inactivity (due to illness or following surgery)

Your pelvic floor muscle exercise programme

How often and how many?

Build up to doing 10 slow exercises and 10 fast exercises 3 times each day. A good time to do them is after you have emptied your bladder. Alternatively, link them with an activity you perform regularly such as after having a wee, whilst cleaning your teeth or waiting for the kettle to boil.

How will I know if I am getting better?

The muscles may get tired at first. It may be hard to hold for the full 10 seconds or repeat them 10 times.

The muscles will get stronger as you practise. Do as much as you can. Try to do a little more each time.

You would expect to have fewer leaks in your underwear after about 3 months of exercising.

Seek more professional help if there is no improvement after 3 months.

You will likely need to exercise for up to 6 months before you see a full improvement.

Clinical note: You can feel the correct muscles by placing your index finger or thumb into the vagina. When the correct action is performed you should feel a lifting and squeezing action.

My Personal Training Diary

Mark a tick each time you do the sets of exercises at the end of each day.

Date I start:		

Record other milestones in your progress if you want to:

You can ask for specialist physiotherapy help with this problem. Contact your local Continence Service or GP for a referral to the Specialist in your area.

This leaflet is also available on request in other formats by phoning 01387 241452.